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RE: H.B. 5744 AN ACT CONCERNING CHILDHOOD IMMUNIZATION.

Proposed H.B. No. 6158 AN ACT CONCERNING VACCINE DISTRIBUTION.

Joanne E. Law, CMPE
Practice Administrator

I am the Practice Administrator of Pediatrics Plus, a 7 clinician pediatric practice in North Haven CT. I work with Dr. Elsa Stone who has been the owner of this practice for 35+ years. I am here today to discuss the CT Vaccine Program and how it has affected our practice and to support legislation that would change the program and reimburse practices for the cost associated with providing vaccines.

Our practice takes care of approximately 5,000 children. We see approximately 70 children a day, including nights and weekends. About 18 % of our practice is Medicaid; the remainder of the children in our practice are covered by commercial insurance. We typically lose money when we see any Medicaid covered child for a well child visit. But, we do this because Dr. Stone and her staff have always felt it part of their obligation to care for all children, whether they can afford private insurance or not, they are still entitled to good medical care. In the sixteen years that I have worked for Pediatrics Plus, we have never closed our practice to new Medicaid patients

I tell you this because as you know, providers of vaccine for children are now are mandated to get almost all of our vaccine through the CT Vaccine program. Until January 1, for our non-Medicaid patients, we could purchase vaccine on the free market and bill insurance companies for this. The small amount over the COST of the vaccine that we made was used to cover items that we must have in order to provide vaccine. Refrigerators and freezers, alarms to be sure the refrigerator isn't left open. As we all know, there have been some significant power outages in the past few years, and practices have had to look to install generators, which has added to the cost of vaccines. It also pays for the time of our employees to order and stock the vaccine. With the new system, ordering takes more time than it did before the switch, stocking the vaccine takes more time out of the day given that we order once a month a large quantity of vaccine rather than weekly as we need. Ordering our private vaccines was done on line, quickly; ordering vaccines from the State is done on paper then faxed. We are required to list on the order form the number of vaccines we have left in stock, the lot numbers and expiration dates of vaccine the State had previously shipped. Lot numbers and expiration dates are information that the State already has, making this a redundant exercise. These things contribute to the inability of our practice being able to recoup our work costs due to the new vaccine program. This past month, a human error in ordering caused us to run out of a vaccine. We called the State and were instructed to go to another practice to pick up additional vaccine. Although this resolved our issue of not having the vaccine in the office, it took time away from the office for one of our staff to drive to the other office, approximately 40 minutes for the round trip, pick up the vaccine and return. Time, which we had to pay which is not reimbursed by the State. Had we been able to order privately, we would have gone on-line and had the vaccine in house the next day with no time out of the day for one of our employees. Our practice predicts we will lose enough reimbursement this year that would have paid for at least ½ of a full-time Registered Nurse, not an insignificant amount to a pediatric practice, which unfortunately is not a richly paid specialty.

I also want to let you know that pediatric providers in CT been denied payment by many insurers since January because of the new vaccine program. I know this is not related in any way to DPH's program itself, but the insurers have found interesting ways to delay paying us. As providers we had to be up and ready to bill properly by Jan 1, but it seems as though insurers are not held to the same standards. I am confident, we will eventually be paid everything we are supposed to be paid, but by delaying payment for even a short amount of time, impacts our practice. Our billing people spend a significant amount of time on the phone trying to correct these issues. We have been denied payment for vaccine NOT covered under the State program but are told by insurers that it is. Only to be told, no, you are right we should have paid. Now we wait for them to reprocess and pay us.

Dr. Stone, her clinicians and our staff want you to know that we take very seriously the health of children. With our practice's immunization rate at 99%, I fail to see how this new program will increase that percentage. I do expect it may decrease. We have to be afforded the right to run a business and pay our expenses. We recognize the difference between profit and greed. I hope you will consider changing the law, we ask only that we be allowed to be paid fairly for our work.

Respectfully submitted

Joanne Law, CMPE
Practice Administrator